

2. Please charge the required RCE and submission filing fee of **\$810.00** to the deposit account of **Kenyon & Kenyon, deposit account number 11-0600**.
3. The Commissioner is hereby authorized, as necessary and/or appropriate, to charge payment of any other fees (including any other fees or any extension fees) as required, as associated with this communication or that arise during the pendency of this application, or to credit any overpayment, to the deposit account number **11-0600** of **Kenyon & Kenyon LLP**.
4. **A duplicate copy** of this Transmittal Form is enclosed for the above purpose.

Dated: _____

7/2/2008

Respectfully submitted,

By: _____

Aaron C. Deditch (Reg. No. 33,865)

KENYON & KENYON LLP
One Broadway
New York, New York 10004
(212) 425-7200 (telephone)
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CUSTOMER NO. 26646



U.S. DEPARTMENT OF COMMERCE
PATENT AND TRADEMARK OFFICE

REQUEST FOR CONTINUED EXAMINATION (RCE)

TRANSMITTAL FORM (37 C.F.R. § 1.114)

DOCKET NO.
10746/39

APPLICATION SERIAL NO.
10/807,699

EXAMINER
Daniel J.
RYMAN

ART UNIT
2616

Applicant(s):

Satoru SOKAMOTO et al.

I hereby certify that this correspondence is being deposited with the
United States Postal Service with sufficient postage as first class mail
in an envelope addressed to:

Address to:

Mail Stop RCE

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Mail Stop RCE
Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450
on 7/2/2008
Date: [Signature]

This is a request for continued examination under 37 C.F.R. § 1.114 (RCE) of pending application Serial No. 10/807,699, filed on March 23, 2004, entitled **PACKET TRANSMISSION DEVICE AND PACKET TRANSMISSION SYSTEM**.

The following constitute the submission **required** by 37 C.F.R. § 1.114(a) and is attached:

- ☒ Reply **AMENDMENT AFTER A FINAL OFFICE ACTION**
☐ Information Disclosure Statement
☐ Drawing Changes
☐ Other Submission: _____

1. The filing fee for this RCE and the required amendment/submission is calculated below. The fee below is calculated based on the status of the claims after the entry of the attached Amendment/submission. The fee for any new additional claims is included with this RCE, the fee for previously entered additional claims having already been paid.

	CLAIMS REMAINING AFTER AMENDMENT	MINUS	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT NUMBER EXTRA*	RATE (\$) PER CLAIM	FEE (\$)
BASIC FEE						810.00
TOTAL CLAIMS	10	-	20	0	50.00	0.00
INDEPENDENT CLAIMS	6	-	6	0	210.00	0.00
MULTIPLE DEPENDENT CLAIM					370.00	
				Number extra must be zero or larger	TOTAL	810.00
	If Applicant is a small entity under 37 C.F.R. §§ 1.9 and 1.27, then divide total fee by 2, and enter amount here.					SMALL ENTITY TOTAL

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